## It is form complies with the statutory requirement set fouth in IC 5-2-15-3.

Date:	<u>04/12/2</u> 00 <u>8</u>	Address:	C.R. 700 W. S. OF C.R.	
Case #:	43-25818		525 S. (GROUSE RIDGE	
County:	BARTHOLOMEW		FISHING SITE)	
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location ( Residence Outbuilding Vehicle	check all that apply)  If If the implementation is a second of the implementation in t	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) [] Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s): 3 SPENT GENERATORS-ALL IN TRASH BAG.				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/M	Investigative Information  Ephedrine/Pseudocphedrine Tracking Log  Retail/Merchant Tip  Other:	
This report is to be faxed to the following agencies that serve the location:				
Fire Depart	ment: SW BARTHOLOMEW VFD	Fax: <u>812-3</u>	·	
Health Dep	artment: BARTHOLOMEW CO.	Fax: <u>812-3</u> Fax: <u>N/A</u>	<u>79-1040</u>	
Child Prote	ction Service: N/A	<del></del> _		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A. MEAD Phone 812-522-1441				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.